



# Town of Abington

OFFICE OF

## BOARD OF HEALTH

500 GLINIEWICZ WAY

ABINGTON, MA 02351

TEL.: (781) 982-2119 • FAX (781) 982-2127

### Application for License to Operate a Tanning Facility

Date: \_\_\_\_\_

Name of Tanning Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Manufacturer of each device: \_\_\_\_\_

Model # of each device:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address of the tanning device supplier:

\_\_\_\_\_

Installer: \_\_\_\_\_

Date of Installation of each tanning compliance: \_\_\_\_\_

Service Agent/Address:

\_\_\_\_\_

I have received, read and understand the requirements of 105.CMR 123.000 (enclosed).

Signature \_\_\_\_\_

Date \_\_\_\_\_